



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of

Horst Georg ZERBE et al.

Serial No. 10/771,388

Filed February 5, 2004

WATER SOLUBLE FILM FOR ORAL
ADMINISTRATION WITH
INSTANT WETTABILITY

: Confirmation No. 3058

: Attorney Docket No. 2004_0189

: Group Art Unit 1614

: Examiner Lezah W. Roberts

: Mail Stop RCE

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Attached hereto is a check in the amount of \$1,440.00 to cover Patent Office fees relating to filing the following attached papers:

Request for Continued Examination (RCE)	\$790.00
Petition for Extension of Time	\$450.00
Additional Claims Fee Transmittal Letter (4 additional total claims)	\$200.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Horst Georg ZERBE et al.

By:


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June 5, 2007

[Check No. 80681] 2004_0189



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 3058**
Horst Georg ZERBE et al. : Attorney Docket No. 2004_0189
Serial No. 10/771,388 : Group Art Unit 1614
Filed February 5, 2004 : Examiner Lezah W. Roberts
WATER SOLUBLE FILM FOR ORAL
ADMINISTRATION WITH
INSTANT WETTABILITY : **Mail Stop RCE**

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY	LARGE ENTITY	
Total Claims exceeding 20 (not already paid for): 4 x	(\$25 = \$)	or	(\$50 = \$200)
Indep. Claims exceeding 3 (not already paid for): x	(\$100 = \$)	or	(\$200 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	<u>§</u>	or	<u>\$200.00</u>

Small entity status of this application has been previously asserted.

Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
 is enclosed or
 has been previously submitted.

A check in the amount of \$200.00 is enclosed.

Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Horst Georg ZERBE et al.

By:



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